



START A BOOT CAMP IN YOUR COMMUNITY

Boot Camp for New Dads began in 1990 in Irvine, California. Greg Bishop, a father of four and brother of twelve, decided new fathers would enjoy their babies more if they understood the challenges to come, had some essential skills and a sense of confidence. Today, the program is teaching "rookie" dads how to change diapers, swaddle, feed and burp newborns in more than 100 communities in 37 states. The program is being facilitated by 250 trained coaches from coast-to-coast who have eased the nerves of more than 25,000 men about childbirth, parenting, car seats, comforting a crying baby, infant safety, and more.

Most Boot Camp programs are started by hospitals; but others are organized by social service agencies in collaboration with local healthcare providers. Companies wishing to start a Boot Camp program receive tremendous support, including materials, technical assistance, initial training and ongoing support in the form of an educational web site, newsletter, telephone, email contact, an annual conference, and access to a strong network of Boot Camp Coaches around the country.

"The materials and training provided to new Boot Camp programs, as well as the ongoing support, are unsurpassed,"



says Bill Horan, coach and coordinator of Boot Camp in Wells County. "This is an outstanding program that has been extremely well received in our community. Our Coaches have been facilitating classes every other month for the last two years on a volunteer basis."

Costs to start a Boot Camp program include a licensing package (\$2,500) and training and certification (\$750, plus travel expenses). Materials and services information include a Program Development Manual; Instructor Resource Manual; step-by-step start-up instructions; site and instructor selection tips; sample program materials; a detailed outline of topics presented in Boot Camp classes; fatherhood research and reprinted articles; online networking; on-site training; and an on-site presentation to all participants involved in the program.

Additionally, the national training facilitator attends the first Boot Camp class to provide assistance to new coaches.

For more information about starting a program in your community, visit the Boot Camp web site at www.newdads.com or call national headquarters at 949-786-3146. In Indiana, contact Bill and Dawn Horan at 260-824-0626.



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INDIANA KIDSteps MAGAZINE

SPRING 2002



IN THIS ISSUE:
BEST PRACTICES
IN EARLY INTERVENTION

EN ESTA EDICIÓN:
LAS MEJORES PRÁCTICAS
DE LA INTERVENCIÓN
TEMPRANA.

THIS MAGAZINE'S MISSION

The mission of this quarterly publication is to offer useful information to families, providers, service coordinators, medical professionals, and others who have special interest in the successes and challenges of early intervention and early childhood development in Indiana and neighboring states.

Welcome to KIDSteps Magazine.

And thank you for taking time to read about Indiana's early intervention services for infants, toddlers and their families.

After just a short time on the job as the new Part C Coordinator, I continue to learn many things about the system. One thing I've learned is that Indiana's First Steps program continues to build on its mission of providing quality services to infants and toddlers with special needs and support to their families. This is a mission that is closely aligned to the work I've done.

My experience as an early childhood and special education professional for the past 30 years is varied. Most recently, I've enjoyed managing several licensed child care centers that embrace inclusion as not only what's right, but also what's best for all young children and their families. I've seen the progress made over the years, yet I know that there remains much to do on behalf of our youngest citizens. With my educational background in both Early Childhood Education and Special Education, I believe that every child is "special" and that we do well to remember that children with disabilities are children first.

An amazing amount of work has been done by a relatively small number of dedicated staff members, community members, and family members. I can't help but think how the system's development is similar to an infant's development in the first year of life. Infancy is the phase known for rapid growth in all areas. Perhaps now we're moving into the "toddler" phase of the system with more rapid growth, increasing abilities and a natural urge to explore new possibilities. Toddlers like to practice new skills over and over to "get it right." This stage of development also occurs when children begin to need discipline and guidance to help them gain control and learn about responsibility.

As the new Part C coordinator, I will work to preserve the strengths of the system and take advantage of new opportunities to guide the program's future growth and development. I invite you to join us in our commitment to support Indiana's families and children with special needs.

J. Lanier DeGrella

J. Lanier DeGrella, Ph.D.
Assistant Deputy Director,
Bureau of Child Development,
First Steps

INDIANA KIDSteps MAGAZINE

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PREPARING TEACHERS FOR INCLUSION

By **J. Lanier DeGrella, Ph.D.**

Part C/First Step Coordinator, Bureau of Child Development

As I introduce the idea of inclusion to child care providers from a variety of settings, I hear many caregivers express their concerns about not being "prepared" to include children with special needs in their programs. Their doubts usually center on two things: (1) their lack of knowledge concerning disabilities, and (2) their concern that the child with special needs will need a disproportionate amount of their time and attention. Consequently, I have spoken with other caregivers involved with children with special needs about what they think is needed to prepare for inclusion. Parents and special education professionals, including therapists and teachers, all seem to agree on similar requirements, which can be consolidated into four criteria:

1. an open mind
2. sensitivity
3. support
4. knowledge of child development

PREPARING WITH AN OPEN MIND

This requirement involves having a positive attitude about inclusion. Whether or not a caregiver can truly be prepared for inclusion may be debatable; However, my experience suggests that both receiving training about inclusion and having experiences with persons with special needs can make a difference. Parents of children with special needs who are willing to share their stories can have a powerful influence on caregivers' attitudes. Opportunities to observe or participate in an inclusive setting – or more simply, a caregiver's own personal experience with a family member with a disability – also can open minds.

Another aspect of open-mindedness involves the caregiver's willingness to learn new information and skills. Before they can successfully include a child with a disability or special needs, many caregivers need reassurance that they don't need to know everything about that disability. For the caregiver who is unsure of herself as a learner, it is important to offer opportunities to learn new skills in a variety of ways. For example learning one-on-one from a child's speech therapist about how to communicate with a toddler (such as using a few signs and picture symbols) often provides the caregiver with confidence to learn even more about language development.



PREPARING TEACHERS FOR INCLUSION

Continued from page 3.

PREPARING WITH SENSITIVITY

Sensitivity involves the caregiver's ability to listen, empathize, and respond to individual children's cues. This is not an exclusive requirement of caregivers of children with special needs. All infant and toddler caregivers must learn to build relationships with children in order to provide the kind of responsive care that is so critical to the social and emotional needs of our youngest children.

There are many examples of excellent training in this area that are currently available. One in particular is the WestEd Program for Infant & Toddler Caregivers.

PREPARING WITH SUPPORT

The concept of "support" may not seem to fit in with the other requirements for preparing caregivers for inclusion; however, providing the caregiver with the support she needs is a critical part of her personal and professional success as a caregiver.

Consider the caregiver who has been working in the field for more than 20 years, and who has – for support – an occupational therapist in her 20s. The only thing that they may have in common is the young child who requires both their care and attention. Preparing the caregiver for collaborating with therapists, special education teachers, and parents can and often does create issues. Caregivers can benefit from a basic understanding of how special services are provided in their state, how to connect with the resources that are available, what their role is in the early intervention system, and what they can expect from their administrator in terms of support.

This scenario is not out of the ordinary and serves as a prime example of how "support" in and of itself becomes one of the most essential elements in the process of successfully including and serving children with special needs.

PREPARING WITH KNOWLEDGE OF CHILD DEVELOPMENT

More than 20 years ago, I worked as a home-based teacher of young children with multiple disabilities and special needs. Having received formal training as a special education teacher, I thought I was well-prepared for the job. As I worked with these children, I soon became aware of how little I actually understood about child development. I also was acutely aware of how important this knowledge was to my work. A firm grasp of child development both in principles and milestones is the foundation upon which we must build all child care programs. It is this knowledge that provides the framework for individualizing the curriculum for each child in our care.

In summary, preparation is the key for caregivers who are thinking about including infants and toddlers with special needs or disabilities in their programs. This is especially true for caregivers who have expressed concern about their competence in this area. If the caregiver maintains an open mind about inclusion, is sensitive to each child's situation, receives the proper support, and has a foundation of knowledge about child development, then inclusion is likely to be successful.

One of our parents explained that caregivers must remember that what parents of children with special needs want from their caregivers is not that much different from what all parents want and need – quite simply, to see their child with a disability as child first.

Adapted and reprinted with the author's permission from "ACEI Focus on Infants & Toddlers," Winter 1999.

PREPARANDO A LOS MAESTROS PARA LA INCLUSIÓN

Por J. Lanier DeGrella, Ph.D.

Parte C/Coordinador de First Step
Agencia del Desarrollo del Niño

Mientras introduzco la idea de inclusión a proveedores de cuidado de niños desde una variedad de escenarios, escucho a muchos proveedores de cuidados expresar sus inquietudes acerca de no estar "preparados" para incluir niños con necesidades especiales en sus programas. Sus dudas regularmente se concentran en dos cosas: (1) (1) su falta de conocimiento respecto a incapacidades y (2) su preocupación de que el niño con necesidades especiales requerirá una cantidad desproporcionada de su tiempo y atención. Por consecuencia, he hablado con otros proveedores de cuidados envueltos con niños con necesidades especiales acerca de lo que ellos piensan es necesario preparar para la inclusión. Padres y profesionales en educación especial, incluyendo terapeutas y maestros, todos parecen estar de acuerdo en requerimientos similares, los cuales he consolidado en cuatro nociones:

1. una mente abierta
2. sensibilidad (o sensibilidad)
3. apoyo
4. conocimiento del desarrollo infantil

PREPARANDO CON UNA MENTE ABIERTA

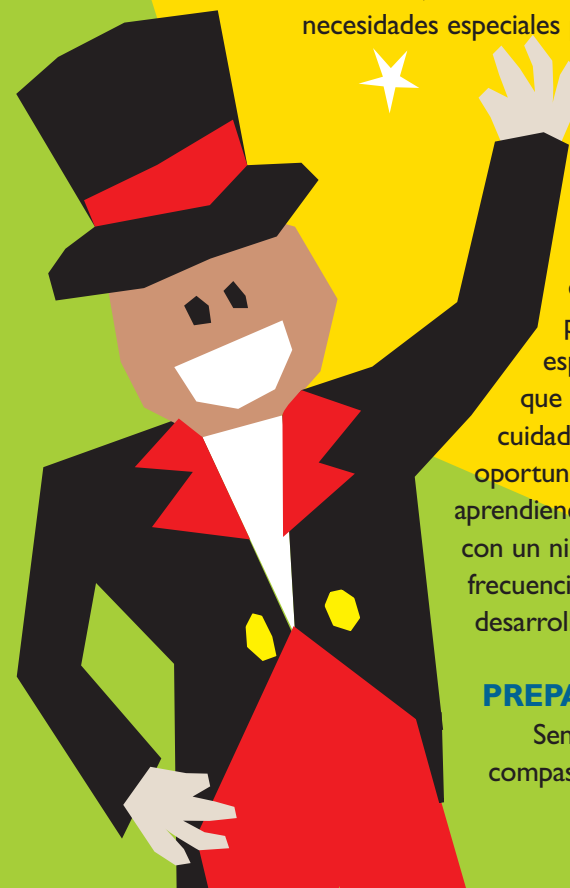
Este requerimiento envuelve el tener una actitud positiva acerca de la inclusión. Si el proveedor de cuidado puede o no estar verdaderamente preparado para la inclusión pudiera ser disputable; sin embargo, mi experiencia sugiere que ambas cosas, recibir entrenamiento acerca de la inclusión y tener experiencias con personas con necesidades especiales pueden hacer una diferencia. Padres de niños con necesidades especiales quienes

están dispuestos a compartir sus historias pueden tener una influencia poderosa en las actitudes de los proveedores de cuidados. Oportunidades de observar ó participar en un ambiente inclusivo - ó más simplemente, la propia experiencia personal de un proveedor de cuidado con un miembro de la familia con una incapacidad - puede también abrir las mentes.

Otro aspecto de apertura mental comprende la disposición del proveedor de cuidado de aprender nueva información y destrezas. Antes de que ellos puedan incluir exitosamente a un niño con una incapacidad ó necesidades especiales, muchos proveedores de cuidados necesitan que se les vuelva a asegurar que no necesitan saber todo acerca de esa incapacidad. Para un proveedor de cuidado que no está seguro de sí mismo como aprendiz, es importante ofrecer oportunidades de aprender nuevas habilidades en una variedad de maneras. Por ejemplo, aprendiendo uno-a-uno del terapeuta de lenguaje del niño acerca de cómo comunicarse con un niño pequeño (como usando una pocas señas y símbolos de dibujos) con frecuencia provee al proveedor de cuidado confianza para aprender aún más acerca del desarrollo del lenguaje.

PREPARANDO CON SENSITIVIDAD

Sensitividad comprende la habilidad del proveedor de cuidado de escuchar, tener compasión y responder a indicaciones individuales de los niños. Este no es un



PREPARANDO A LOS MAESTROS PARA LA INCLUSIÓN

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requerimiento exclusivo de proveedores de cuidados de niños con necesidades especiales. Todos los proveedores de cuidados de infantes y niños pequeños deben aprender a construir relaciones con niños a fin de proveer la clase de cuidado que responde que es tan crítico para las necesidades emocionales y sociales de nuestros niños más pequeños. Hay muchos ejemplos de entrenamiento excelente en esta área que están disponibles actualmente. Uno en particular es el programa WestEd para proveedores de cuidados de infantes y niños pequeños.

PREPARANDO CON APOYO

El concepto de “apoyo” pareciera no encajar con los otros requerimientos para preparar proveedores de cuidados para la inclusión; sin embargo, proporcionar al proveedor de cuidado con el apoyo que él necesita es una parte crítica de su éxito personal y profesional como un proveedor de cuidado.

Consideren al proveedor de cuidado que ha estado trabajando en el campo por más de 20 años y quién tiene – de apoyo – una terapeuta ocupacional en sus 20 años. La única cosa que quizá ellos tengan en común es el niño que requiere su atención y cuidado. Preparando al proveedor de cuidado para colaborar con terapeutas, maestros de educación especial y padres puede y con frecuencia crear situaciones. Los proveedores de cuidados pueden beneficiarse de un entendimiento básico de cómo los servicios especiales son provistos en su estado, cómo conectarse con las fuentes disponibles, cuál es su papel en el sistema de intervención temprana y lo que ellos pueden esperar de su administrador en términos de apoyo.

Este escenario no está fuera de lo ordinario y sirve como un ejemplo primordial de cómo el “apoyo” en y de sí mismo se convierte en uno de los elementos más esenciales en el proceso de incluir y proveer exitosamente niños con necesidades especiales.

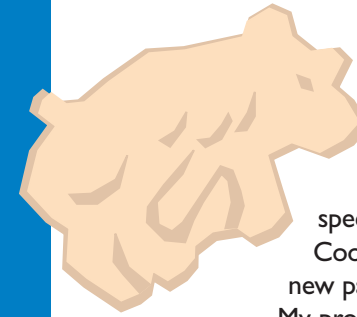
PREPARANDO CON CONOCIMIENTO DEL DESARROLLO INFANTIL

Hace más de 20 años, trabajé con base-en-el-hogar como maestro de niños pequeños con múltiples desventajas y necesidades especiales. Habiendo recibido entrenamiento formal como maestro de educación especial, pensé que estaba bien preparado para el trabajo. Mientras trabajaba con estos niños, pronto me di cuenta de lo poco que realmente entendía acerca del desarrollo infantil. También estaba perfectamente enterado de cuán importante era éste conocimiento para mi trabajo. Una firme comprensión del desarrollo infantil en principios y en objetividad es el fundamento sobre el cual debemos construir todos los programas de cuidado infantil. Este es el conocimiento que provee la estructura para individualizar el plan de estudios para cada niño en nuestro cuidado.

En resumen, preparación es la clave para los proveedores de cuidados que están pensando incluir o empezando a incluir bebés y niños pequeños con necesidades especiales o incapacidad en sus programas. Esto es especialmente cierto para proveedores de cuidados quienes han expresado inquietud acerca de su aptitud en ésta área. Si el proveedor de cuidado mantiene una mente abierta acerca de la inclusión, es sensible a la situación de cada niño, recibe el apoyo apropiado y tiene una base de conocimiento acerca del desarrollo infantil, entonces la inclusión promete ser exitosa.

Uno de nuestros padres explicó que los proveedores de cuidados deben recordar que lo que los padres de niños con necesidades especiales quieren de sus proveedores de cuidados no es muy diferente de lo que todos los padres quieren y necesitan – verdaderamente simple, ver a su niño con una incapacidad como niño primero.

A Word of Welcome...



I am both privileged and honored to become part of the Indiana First Steps family. As I begin to settle into my position as Deputy Director of the Bureau of Child Development, I am continually amazed by the tremendous level of services, outreach and support that the Bureau's programs are providing for infants and toddlers with special needs and their families in Indiana. Lanier DeGrella, our new First Steps Part C Coordinator, as well as our hard-working and dedicated staff, are forging exciting and rewarding new pathways for the early intervention system, and it is a pleasure to join them in their work.

My professional training as a social worker and my 13 years of child welfare experience have provided me with a strong foundation and many wonderful experiences with children and families throughout the state. I am fortunate to have witnessed first hand the exemplary services of First Steps service coordinators and providers while working with children and families. Clearly, it is this attitude of teamwork and belief in the success of early intervention practices that are helping children and families with special needs achieve better care and quality of life.

...and An Attainable Mission

In December 2001, FSSA Secretary John Hamilton issued three Key Biennium Priorities for FSSA to be achieved by June 30, 2003. Of specific reference to the growth and well being of children and families, FSSA is challenged to make sure children are healthy and ready to learn by:

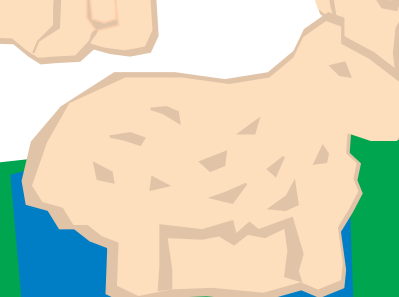
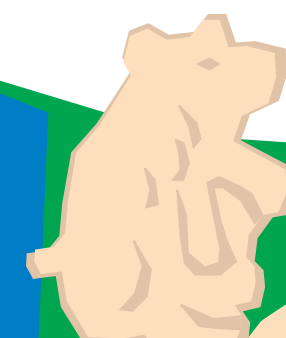
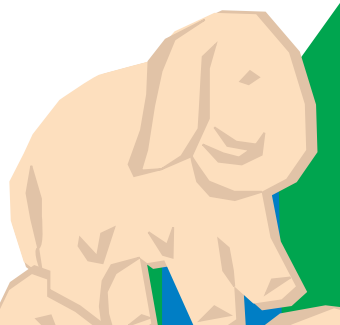
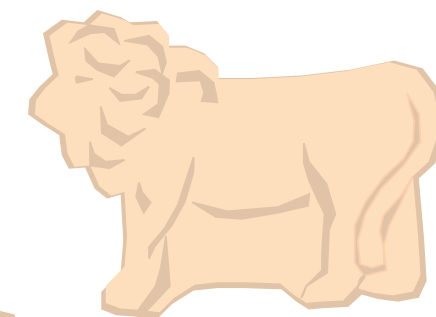
- Conducting Healthy Families screenings for 90% of Hoosier births.
- Offering Healthy Families services to 100% of children identified as at risk of abuse or neglect.
- Increasing First Steps enrollment services for children at risk of developmental delays to 18,000 children (100% of eligible).

We have already set a diligent and determine work pace for the next 15 months to meet these goals. Again, our success will only become certain through joint collaboration and cooperation with our partners in the community. These are exciting goals and ones that I know will be accomplished.

I plan on expanding our relationships with community representatives throughout the state to ensure the growth and success of the First Steps Early Intervention system and its multitude of programs. Our goal is to continue providing quality health and early intervention services to Indiana's children and families and to continue streamlining the process of meeting their needs.

Thank you for your commitment and active involvement that improves the quality of life for so many Hoosier families and children. I look forward to working with you.

Beth Eiler, ACSW LSW
Deputy Director
Bureau of Child Development



ACHIEVING EARLY INTERVENTION SUCCESS THROUGH BEST PRACTICES

By Dale Turner MA, PT, PCS

Therapy techniques can vary as widely as the providers and children participating in the program. There are four key issues that can help make any early intervention program more successful:

- Families as team members
- Frequency of service
- Therapy techniques
- Therapy supervision

FAMILIES AS TEAM MEMBERS

A child with special needs does not develop during the few hours a week that a therapist is working with him or her; rather, a child learns movement skills all day long, every day. Therapy goals need to include family instruction as well as child directed goals, and families must be an active part of the early intervention team. For any child to make progress, consistent therapy requires the use of both the most appropriate methods and the skillful hands to help the child develop missing skills. The family needs to learn the positioning, handling, and play techniques that will help their child grow and become more self-sufficient.

FREQUENCY OF SERVICE

Frequency of service varies widely, depending on the functional status of the child. For example, daily sessions may be required to recover from recent surgery or other severe medical conditions. Some therapists take a more consultative approach, providing only enough therapy to instruct a caregiver or teacher in the necessary activities to help a child progress. Yet, both a hands-on and consultative approach can make the most significant difference for the child. Therapists need to be knowledgeable about the medical conditions of the child and how those conditions affect her development. Family members and caregivers must be included as part of the therapy team, and other providers may be included to achieve the frequency needed.

Frequency also varies as the child ages. If progress is good, frequency may decrease. If progress is limited and it is medically determined that more therapy will help, frequency may increase. Similarly, if the child's medical status changes or surgeries have occurred, frequency of therapy may change. It is very difficult to predict how much therapy will be needed when working with newborns, and there may be several scheduling changes over time.

THERAPY TECHNIQUES

Therapy techniques can vary depending on the experience and preferences of a therapist. No two children are alike, and each

child responds differently to any one technique. Sometimes a variety of techniques work best. Traditional techniques of positioning, stretching, strengthening, balance training, and gait training are helpful, as well as the less traditional techniques of motor planning, sensory integration, neurodevelopmental, manual therapy, and craniosacral therapy. All of these techniques should be incorporated into a total approach for the child. The manual and craniosacral therapy activities are often used as part of the stretching program. Motor planning, sensory integration, and neurodevelopmental techniques are often used as part of the balance and movement training activities.

THERAPY SUPERVISION

While therapists are not licensed in a specialty, different types of therapy require a variety of experience and education. Those licensed as a physical therapist have completed at least a bachelor's degree, master's or doctoral program. Those licensed as a physical therapy assistant have completed a lesser program. A family should ask a therapist about his or her area of experience and remember that not all therapists practicing early intervention have pediatric experience. Therapists with extensive experience and who have taken a national test on pediatrics to be board certified have the initials PCS (Pediatric Certified Specialist) after their name. Therapists licensed as an assistant (PTA) are required to be supervised monthly by a registered physical therapist (RPT). Occupational therapy assistants (COTA) are required to be supervised by an occupational therapist (OTR). Service coordinators and developmental therapists that are in their first year of service and have no pediatric experience also require supervision by an experienced service coordinator or developmental therapist. This supervision ensures families that their child is receiving quality care.

In general, best practices of early intervention therapies need further definition and better-developed guidelines that incorporate:

- State-adopted Best Practices Guidelines that are flexible enough to meet a variety of children and family needs based on sound early intervention principles.
- State developed provider personnel standards that ensure the required level of experience and pediatric training.
- Appropriate levels of provider skill development and mentoring.
- Enhanced case management skills of service coordinators.
- A balance of high standards and flexibility that meet each child's and family's needs for continued progress and successful development.

FAMILY IN THE SPOTLIGHT

The “Angelic” Spirit of Eva Daniels

Little Eva Analea Daniels is making up for lost time in a big way. And so she should.

As a surviving twin, Eva arrived 16 weeks premature and at the tender weight of just over one pound, two ounces – a very scary entrance into this world. For the first five months of life, Eva's world existed solely in a neonatal intensive care unit and in seasonal isolation for two years to guard against potential respiratory exposures. With a sketchy-at-best prognosis for life, Eva's too-soon delivery came with developmental problems and a congenital condition (present at birth) unrelated to her premature birth. “Goldenhar Syndrome” deals with many different birth defects in varying degrees of severity.

In particular, Eva suffers from “Hemi-facial Microsomia,” a condition in which one side of the face is smaller than the other. Goldenhar Syndrome also includes physical development issues involving the eye and the spine, as well as jaw, ear and facial structure malformations. Consequently, Eva's oral abnormality prevented her from ever taking a bottle; and at four months, she was surgically fitted with her first G-tube feeding device. So far, she has undergone 11 surgeries including ones to reconstruct or repair her eyes, jaw structure (thanks to a partial rib graft), cleft palate, and feeding capabilities. As her doctors, surgeons, and nurses began Eva's long process of diagnosis and corrective healing, they also discovered her hearing and vision problems.

Yet, Eva “da Diva” – a name her family has coined so appropriately for her – has the fighting spirit of a champion. She continually amazes the doctors and specialists with her determination to “do it all,” albeit on her own terms. Slowly, life has begun to change for the good for Eva. She masters things quickly, and her gross motor skills have developed significantly. She's even learning some sign and speech skills.

“Eva is an amazing girl – absolutely unbelievable,” shares Sandi Daniels, Eva's mother. “Her own fighting spirit is at work here. She's a good ball player. She climbs and stomps and claps, and she LOVES to be chased. She's on the go all the time, and when she does sit down, it's with Barney and Elmo – or getting into her sister Celia's stuff. Everything a two and a half year-old does.”

Sandi and her husband Byron have learned a lot. From the medical staff, First Steps coordinator Anne Wagner, the “three best therapists in the county,” and an online support network, Eva's family has learned how to help Eva grow and develop to her fullest potential. Sandi is quick to praise Anne as “a tremendous resource” and the excellent therapy work of Carol Hesche, Monique Conner, and Elise Gettleman, who started working with Eva as early as six months.

Eva will make the transition out of First Steps in July, beginning preschool four days a week in addition to her weekly occupational, physical, and speech therapies. That's a full schedule for a three-year-old – but for Eva da Diva, it's nothing an angel can't handle.

About Goldenhar Syndrome

Goldenhar Syndrome can affect almost any area of the body but is mostly centered on the facial and skeletal areas. In its mildest case a child's face may be only slightly asymmetrical and have malformed ears. In the most severe of cases a child may have to be tube fed, on a respirator and have some brain damage. This syndrome occurs one in 3500 to 5000 children, yet it is virtually unheard of. Depending on a child's associated conditions, surgery may be required to correct the various birth defects, including:

- insertions of feeding tubes
- repair of the palate and or lip
- removal of skin tags
- insertion of flex tubes (ear tubes to improve hearing and lessen the chances of blockages impairing the hearing)
- lowering and or lengthening of the jaw on the affected side
- addition of bone to build up the cheeks
- addition of soft tissue to the face
- reconstruction of the outer ear, usually in 3 to 4 operations

For more information about Goldenhar Syndrome and its associated conditions, log onto the Goldenhar

Syndrome Support Network at

www.goldenharsyndrome.org or contact them at

Goldenhar Syndrome Support Network
9325 163 Street
Edmonton, Alberta
T5R 2P4 Canada
Phone: (780) 842-3420
Email: bbds.page@i.am



“Enhancing the choice of early intervention services for infants and toddlers with special needs and their families through community involvement.”



The U.S. Department of Education Office of Special Education Programs (OSEP) is the federal agency responsible for helping states implement the federal mandates under the Individuals with Disabilities Education Act (IDEA). OSEP monitors early intervention (Part C) and special education (Part B) services in all states on a rotating schedule through the Continuous Improvement Monitoring Process (CIMP). In early 2001, OSEP selected Indiana to participate in the CIMP.

In August 2001, the directors of Part B and Part C programs outlined a collaborative process for Indiana's self assessment. The CIMP process requires that a Steering Committee guide the formation of a report on the findings of performance expectations. Indiana chose to form a joint steering committee to guide the monitoring process for both early intervention and special education.

OSEP identified a set of requirements defined in IDEA 97 that provide the strongest links to improved educational results for students with disabilities. From those requirements OSEP defined specific cluster areas for states to evaluate (four in Part B, five in Part C). The ICC assisted the Bureau of Child Development by organizing workgroups around those five cluster areas: General Supervision, Family Centered Services, Early Intervention Services in Natural Environments, Public Awareness and Child Find, and Early Childhood Transition.

The ICC workgroups presented the conclusions and recommendations to the steering committee, along with input from workgroups convened by the Division of Exceptional Learners. Members of the ICC and the Special Education Advisory Council were asked to offer feedback and recommendations. The Steering Committee made its final conclusions and performance ratings for Indiana in January 2002. The staff from both Part B and Part C worked diligently to complete the collaborative report reflecting the combined effort of the workgroup participants, the ICC, the Special Education Advisory Council, the Steering Committee and state staff. The Part C Federal Monitoring Report is available on the First Steps web site at http://www.state.in.us/fssa/first_step

Many thanks go to the families, providers, LPCC Coordinators and other stakeholders who voluntarily participated

in this process. The next step involves the development of an improvement plan. More information will be published in KIDSteps Magazine and on the First Steps web site.

Joint Steering Committee for Parts B and C

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New Castle

Denise Arland
Parent/Chair of ICC,
Greenfield

Brett Bollinger
Special Ed. Administrator,
New Albany-Floyd
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Rehabilitative Services,
Indianapolis

David Schmidt
Teacher/Chair of SAC,
Wolcottville

Julie Wickham
Physical Therapist,
Evansville

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UPCOMING ISSUE:

The Family Involvement Fund provides financial support for family members of children with disabilities to participate in conferences, training events, public forums and hearings, task forces, and other similar activities. The fund is a collaborative effort between the Family and Social Services Administration-Bureau of Child Development (FSSA-BCD) and the Indiana Department of Education Division of Special Education (IDOE-DSE). Check the upcoming issue of KIDSteps Magazine for more information or call (317) 233-4551.

FOLIC ACID:

GOOD FOR YOU. GOOD FOR YOUR BABY!

A new survey released by the March of Dimes shows that only 27 percent of people in Indiana take a daily multivitamin containing folic acid. Folic acid is a B vitamin that has been shown to prevent birth defects if taken by women before pregnancy. Research also suggests that folic acid may help prevent heart disease and some cancers in both women and men. Several different posters, brochures, fact sheets and other resources about folic acid are also available from the March of Dimes Indiana Chapter at (317) 262-4668, or by calling 1-888-MODIMES. For more information visit the March of Dimes web site at www.modimes.org or its Spanish web site at www.nacersano.org



UPCOMING TRAINING OPPORTUNITIES

Indiana First Steps, along with Unified Training Systems (UTS) and the Indiana Parent Information Network (IPIN), provide many education and training opportunities for parents and providers throughout the year. Please check out the Events Calendar for Indiana's Early Childhood Community at :

<http://earlychildhoodmeetingplace.indiana.edu>

or

<http://www.iidc.indiana.edu/~ecc/uts/uts.html>

FIRST STEPS Programmatic Training:

- Orientation to First Steps
- Service Coordination—Level 1
- Service Coordination—Level 2
- Provider Forum

Topical Issues:

- Infant Mental Health
- Advanced Practice of OT/PT
- Advanced Practice for OT/PT/SLP
- Advanced Practice for Cerebral Palsy
- Communication Methodologies Related to Hearing Loss
- Developmental Intervention for High Risk Newborns

- Advanced Feeding Issues
- Developmental Therapy Series
- LPCC Leadership Conference

IPIN TRAINING

- Health Care Financing
- Financial Case Management
 - Private Health Insurance
 - Public Health Insurance, i.e. Medicaid/Medicaid Waiver
- Article 7 Special Education Rights
- Parent Liaison Training

IACCRR TRAINING

- Inclusive Child Care Training
- Contact: Renee Kinder at (800) 299-1627 or rkinder@iaccrr.org

Each child grows and changes at a different rate.

If I was born prematurely or have some special needs, then it may take me a little longer to do some of the items listed. If you are concerned about what I do, talk to my doctor or nurse.

Watch for me to:

- ◀ look to see who is talking.
- ◆ move my eyes to follow something that moves in front of my face.
- look at you, look away and then look at you again when we are playing. I can see best when an object is about 8 inches from my face.
- ◆ sleep a lot. I don't know when it is night, so I will wake up in the night and want to eat.
- ▶ eat every few hours. When I'm not eating, I may sleep most of the time.
- be fussy and cry more than you would like me to cry. Don't be afraid to hold me.
- ◆ suck on my fingers or pacifier. I like to suck even when I'm not hungry.
- be startled by loud noises.



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